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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|------------------|
| Application Number | 10/614,151 |
| Filing Date | July 8, 2003 |
| First Named Inventor | Chung-Yih Wang |
| Art Unit | 2446 |
| Examiner Name | Gerald A. Smarth |
| Attorney Docket Number | 152161 |

ENCLOSURES (Check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|----------|--------|
| Firm Name | Andrews Kurth LLP | | |
| Signature |  | | |
| Printed name | Michael Ye | | |
| Date | September 24, 2009 | Reg. No. | 47,195 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|------|--|--|
| Signature | | | |
| Typed or printed name | Date | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

| | | |
|-------------------------|------|-------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 65.00 |
|-------------------------|------|-------|

Complete if Known

| | |
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| Application Number | 10/614,151 |
| Filing Date | July 8, 2003 |
| First Named Inventor | Chung-Yih Wang |
| Examiner Name | Gerald A. Smarth |
| Art Unit | 2446 |
| Attorney Docket No. | 152161 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-2849 Deposit Account Name: Andrews Kurth LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

Small Entity
Fee (\$)

52 26

Each independent claim over 3 (including Reissues)

220 110

Multiple dependent claims

390 195

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|--------------------------|-----------------------|-----------------|----------------------|--------------------------------------|
| _____ - 20 or HP = _____ | _____ x _____ = _____ | | | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|-------------------------|-----------------------|-----------------|----------------------|--------------------------------------|
| _____ - 3 or HP = _____ | _____ x _____ = _____ | | | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---|---|-----------------|----------------------|
| _____ - 100 = _____ | _____ / 50 = _____ (round up to a whole number) | _____ x _____ = _____ | | |

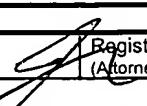
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): One month extension of time \$65.00

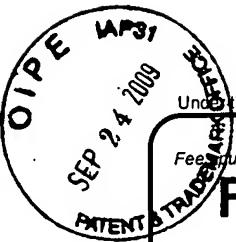
SUBMITTED BY

| | | | |
|-------------------|---|---|-------------------------|
| Signature |  | Registration No. (Attorney/Agent) 47,195 | Telephone 202-662-3008 |
| Name (Print/Type) | Michael Ye | | Date September 24, 2009 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

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| Examiner Name | Gerald A. Smarth |
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 Check Credit Card Money Order None Other (please identify): _____

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity | Fee (\$) | Fee (\$) |
|---|--------------|----------|---------------|--------------|----------|----------|
| - 20 or HP = | x | = | | 52 | 26 | |
| HP = highest number of total claims paid for, if greater than 20. | | | | 220 | 110 | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | 390 | 195 | |
| - 3 or HP = | x | = | | | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One month extension of time

Fees Paid (\$)

\$65.00

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. (Attorney/Agent) 47,195 | Telephone 202-662-3008 |
| Name (Print/Type) | Michael Ye | | |

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